

**AUTHORIZATION FOR EMERGENCY CARE OF
CHILDREN WITH SEVERE ALLERGIES**

Date:

Dear Health Care Provider,

Your patient, _____ is enrolled in KID'S RESORT and/or Tiny Steps Educational Center and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at KID'S RESORT and/or Tiny Steps Educational Center so we may assist with the allergy care and needs of the child. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at KID'S RESORT and/or Tiny Steps Educational Center.

PART I (to be completed by a Licensed Health Care Provider)

Child's Name: _____ Child's Birth Date: _____

Known Allergens: (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e. Anaphylactic shock) in the child.)

_____ Bee Sting

_____ Other Insect Bite(s): (identify): _____

_____ Animal(s): (identify): _____

_____ Food Allergy: (identify all foods or groups of foods that must be avoided): _____

_____ Other: (identify): _____

SYMPTOMS: (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

_____ Shortness of Breath

_____ Swelling of the Face or Lips

_____ Hives

_____ Vomiting

_____ Diarrhea

_____ Other: (explain): _____

PROCEDURES: (Please indicate all steps necessary and the order in which they should be taken.)

_____ Administer the following Medication: (provide name, dosage, and method of administration): _____

_____ Administer EPI-PEN: (provide instructions for administration)

_____ Call Emergency Medical Services (911)

_____ Call the child's parent or guardian

_____ Other (explain): _____

_____ DO NOT administer medication in the absence of KNOWN exposure to allergen

RECREATIONAL ACTIVITIES:

1. The child may participate in recreational activities. yes no
2. Recreational Activity Restrictions: none some restrictions
(explain recreational activity restrictions): _____

HEALTH CARE PROVIDER INFORMATION:

Office: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____

PART II: (to be completed by the child's Parent(s) and/or Legal Guardian)

By Signing this form, I/We authorize KID'S RESORT and/or Tiny Steps Educational Center to follow the instructions contained in this Authorization For Emergency Care of Children with Severe Allergies Form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

PARENT(S)/LEGAL GUARDIAN(S):

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by KID'S RESORT and/or Tiny Steps Educational Center on (date) _____
_____. This Form must be updated by (date) _____.

Received By: (Print Name) _____

Signature: _____

Title: _____